


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 21, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000061816		
1. Entity Name INKA GRAND FLORIDA MANAGEMENT COMPANY		
Principal Place of Business 539 N. BIRCH RD. FT. LAUDERDALE FL 33304		Mailing Address 539 N. BIRCH RD. FT. LAUDERDALE FL 33304



1st MOORE CR2E034 (10/04)

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-1114416		Applied For
Suite, Apt #, etc.		Suite, Apt #, etc.				Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
Zip	Country	Zip	Country			

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
KOSLOWSKI, CASEY KARL 539 N. BIRCH RD. FT. LAUDERDALE FL 33304				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City	FL	Zip Code	

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	DV	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KOSLOWSKI, CASEY KARL			NAME			
STREET ADDRESS	539 N. BIRCH RD.			STREET ADDRESS			
CITY - ST - ZIP	FT. LAUDERDALE FL 33304			CITY - ST - ZIP			
TITLE	DT	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KOSLOWSKI, KARL			NAME			
STREET ADDRESS	539 N. BIRCH RD.			STREET ADDRESS			
CITY - ST - ZIP	FT. LAUDERDALE FL 33304			CITY - ST - ZIP			
TITLE	DS	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KOSLOWSKI, INGRID			NAME			
STREET ADDRESS	539 N. BIRCH RD.			STREET ADDRESS			
CITY - ST - ZIP	FT. LAUDERDALE FL 33304			CITY - ST - ZIP			
TITLE	DP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KOSLOWSKI, RICHARD KARL			NAME			
STREET ADDRESS	539 N. BIRCH RD.			STREET ADDRESS			
CITY - ST - ZIP	FT. LAUDERDALE FL 33304			CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY - ST - ZIP				CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY - ST - ZIP				CITY - ST - ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *AKS* 2-14-5 305-302-0888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #